

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2980AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2009
NAME OF PROVIDER OR SUPPLIER DESERT ROSE HOMES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 271 EAST DESERT ROSE HENDERSON, NV 89015		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation initiated on 8/13/09, conducted in your facility on 8/28/09, and completed on 9/16/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for ten Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. The Medication Administration Record (MAR) and medications for seven residents were reviewed and zero employee files were reviewed. Documentation of Medication Administration and Management training for two employees were reviewed.</p> <p>Complaint #NV00022766 was substantiated. See Tag Y878.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 072 SS=E	<p>449.196(3) Qualications of Caregiver-Med Training</p> <p>NAC 449.196</p> <p>3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must:</p>	Y 072		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 072	<p>Continued From page 1</p> <p>(a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and</p> <p>(b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau.</p> <p>This Regulation is not met as evidenced by: Based on record review on 9/14/09, the facility failed to ensure that 1 of 2 caregivers had completed the required three hour medication management refresher training every three years (Employee #1).</p> <p>Findings Include:</p> <p>During a phone interview with Employee #2 on 9/14/09, Employee #2 was asked to fax over Medication Training Certificates for Employee #1 and Employee #2. Review of the Medication Training Certificates revealed that Employee #2 did not have documentation of receiving 3 hours of Medication Management Training or passing an examination every 3 years. The most recent Medication Management Training certificate for Employee #1 listed a completion date of 1/28/06.</p> <p>Interview with Employee #1 on 8/28/09 revealed that the Employee #2 had a "feeling the bureau would be coming to the facility". Employee #2 therefore initialed all entries in the MAR for</p>	Y 072			

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Y 072	Continued From page 2 8/28/09 in advance. According to the Employee #1, 8/28/09 was the only day the Employee #2 has ever pre-initialed the MAR. Employee #1 was responsible for dispensing the medications while Employee #2 was out of the facility. Severity: 2 Scope: 2	Y 072		
Y 878 SS=G	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review on 8/28/09 and interview on 8/28/09 and 9/14/09, the facility failed to ensure that 1 of 8 residents received medications as prescribed (Resident #6). Findings Include: One medication for Resident #6, Lorazepam, was listed as a PRN to be taken four times daily as needed. The MAR was initialed for 8/28/09 for the times 8:00 AM, 12:00 PM, 4:00 PM, and 8:00	Y 878		

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Y 878	Continued From page 3 PM with the reason as "agitation" and the result as "effective" for times 9:00 AM, 1:00 PM, 5:00 PM, and 9:00 PM. Interview with Employee #1 on 8/28/09 revealed that the Employee #2 had a "feeling the bureau would be coming to the facility". Employee #2 therefore initialed all entries in the MAR for 8/28/09 in advance. According to the Employee #1, 8/28/09 was the only day the Employee #2 has ever pre-initialed the MAR. Employee #1 was responsible for dispensing the medications while Employee #2 was out of the facility. During a phone interview with Employee #2 on 9/14/09, it was stated that Employee #2 had to leave the facility on 8/28/09 and that was the only time medication had been "pre-poured". Employee #2 stated that the medication was pre-poured and the MAR pre-signed on 8/28/09 because Employee #2 wanted to ensure the residents received their medications. This was a repeat deficiency from the 5/16/09 State Licensure survey. Severity: 3 Scope: 1	Y 878		
Y 896 SS=C	449.2744(1)(b)(2) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered.	Y 896		

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Y 923	<p>Continued From page 5</p> <p>(b) Kept in its original container until it is administered.</p> <p>This Regulation is not met as evidenced by: Based on interview on 9/14/09, the facility failed to keep medications belonging to 7 of 8 residents in their original container (Resident #1, #2, #3, #4, #5, #6, and #7).</p> <p>Findings include:</p> <p>During a phone interview with Employee #2 on 9/14/09, it was stated that Employee #2 had to leave the facility on 8/28/09 and that was the only time medication had been "pre-poured". Employee #2 stated that the medication was pre-poured and the MAR pre-signed on 8/28/09 because Employee #2 wanted to ensure the residents received their medications.</p> <p>Severity: 2 Scope: 3</p>	Y 923			

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